D. Every item of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE

1. PLACE OF DEA	arles			Registration Dist. No.	100
Village or City	a Plu	tu ma-		No. St.,	Ward
				f death occurred in a hospital or institution, give its NAME instead of street a	nd number)
Length of residence in ci	ty or town where	death occurred	yrsmo	ds. How long in U.S. If of foreign birth? yrs.	mosds
2. FULL NAME	200	Cho on	Caar		
(a) Residence: No		(Usual place of	abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AN	D STATIS	TICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLO	R OR RACE	5. SINGLE, MARRI OR DIVORCED		21. DATE OF DEATH	
male c	ol	Sine	le !	(Month) (Oay)	, 193 (Year)
 If married, widowed, or diversity HUSBANO of 	orced	0		22. I HEREBY CERTIFY, That I attend	ded deserved fro
(or) WIFE of					
6. DATE OF BIRTH (month, da	y, and year)	Jet 20th	1,433	I last saw h alive on, 19	
7. AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above, etm.	
		-	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of ense
8. Trade, profession, or p	erticular as SPINNER.				Date of buse
SAWYER, BOOKKEE	PER, etc				
kind of work done, SAWYER, BOOKKEE Industry or business in work was done, as: SAW MILL, BANK, 10. Oate deceased last wo	SILK MILL,			No Planta	
10. Oate deceased last wo	rked at	11. Total tim spent	e (years) In this	Stillron	
year)	- 0	occup	ation	Other Contribatory Causes of Importance:	
12. BIRTHPLACE (city or town)	Char	les Cor	rel-		
(State or country)	20.0	0.4			
13. NAME 14. BIRTHPLACE (city or to	Please	adan	NO.		
14. BIRTHPLACE (city or to	own) Pruc	nu yu	5 60	Name of operation Oate o	
7	leats	de Posse	114	What test confirmed diagnosis? Wes there	
	Dan	ice 4 d	1\	23. If death was due to external causes (VIOLENCE) fill in also the folion	
16. BIRTHPLACE (city or to (State or country)	wn)	me		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
non	oal O	dame	- 1	(Specify city or town, county and Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC	State)
17. INFORMANT (Address)	La	Plater /	nd		i Enve.
18. BURIAL, CREMATION, OR I	REMOVAL CO	neley pal	talet is	Manner of injury	
Piece Count	and a	Date / CL	7 ,1933	Nature of injury	
19. UNOERTAKER MC	Mal 1	edamo	talker	24. Was disease or injury in any way related to occupation of deceased?	
(Address)				If se, specify	0 11
20. FILEO QUEZI	133 20	ellein V	tooles	(Signed) fallian of one	M.
			Registra	(Address) A all the state of the state o	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUERAU V.	1 1				
Other contributory causes of importance:		Other contributory.causes of importance:			
Gollstones	Moy 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE PLAINLY

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(52)	
County Clear	les	Registration Dist. No.	08
Village or City / Lug	herice	NoSt.,	Ward
Length of residence In city or tow	1/,	If death occurred in a hospital or institution, give its NAME instead of street a	
		sds. How long in U. S. if of foreign birth?yrs	mosas
2. FULL NAME Ru	bula Ulve	- W	
(a) Residence: No.		St., Ward.	
PERSONAL AND ST	(Usual place of abode) ATISTICAL PARTICULARS	If nonresident give city or town MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR R		21. DATE OF DEATH	
Frank whit	OR DtVORCED (write the word)	act 21	. 193 3
0 /	4 million	(Month) (Oey)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I ettend	ded deceased from
for the	every	march 1 ,1923 , to Gel 21	, 19.3 🗘 .
6. DATE OF BIRTH (month, dey, and yes	ar) 10-11-1855	I last saw have alive on Oct 20 19	, death is sald
7. AGE Years M	onths Oeys If LESS than	to heve occurred on the dete stated above, et&am.	
78	/o I dey,hrs	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were as follows:	100
8. Trede, profession, or particular	WED 4.1	•	Oate of onset
8. Trede, profession, or particular kind of work done, es SPIN SAWYER, BOOKKEEPER, etc	NEN. I dans Kugu	Reptic presoning	
kind of work done, es SPIN SAWYER, BOOKKEEPER, etc. 5. Industry or business in which work was done, as SILK MII SAW MILL, BANK, etc	ly a lame =		
SAW MILL, BANK, etc	22 Tabel Atmos (11111)		
O this occupation (month end year)	11. Total time (years) spent in this 66		
		Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) (State or country)	ma male	0	
1 2.	21.1.	Mocent in abdomina	<u></u>
T	1. 1. 1. 1. 1. 1.	much	
14. BIRTHPLACE (city or town)	La ha	Neme of operation	
	tomon as my	What test confirmed diagnosis? Was there	
15. MAIDEN NAME Coler	4	23. If death was due to externel causes (VIOLENCE) fill in elso the follow	
16. BIRTHPLACE (city or town)	hortolle stule	Accident, suicide, or homicide? Dete of injury	
(State or country)	may les mis	Where did injury occur? (Specify city or town, county and	State)
17. INFORMANT Meis &	va along	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC	PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	roll there my		
Place all Faith C	h Oate 10/23 1933	Menner of injury	
En	0 -	Nature of Injury	
19. UNOERTAKER G- VE .	Jacon my	24. Was disease or Injury In any wey releted to occupation of deceased?	
(Address) mes	Sold in the second	(Signed) Ho. 6. Chappelear	
20. FILED 10 123/23, 19 Gu	~ Ohoppelesses	(Address) Houghwell n	n d
	Registrar.	(Address)	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

7. S. No. 1

FOR BINDING

RESERVED

MARGIN

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Example I			Example II			
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	100	1915	Attack of epilepsy			
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	THREAD VAR	July 5,1927	Peritonitis	3 days ago		
Other contributory ca	uses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastrocnteritis	1 year		

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

TION is very important.

20. FILEDCICLE 18, 1933 many Su

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10057
County Charles.	Registration Dist. No. / 6/
Village or City Dell Joke	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs mos ds.
2. FULL NAME / ale beul	
(a) Residence: No.	St., Ward. If nonresident give city or town and State
(Usual place of shode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Tempe Old OR DIVORCED (write the word)	(Cal 19 193 00
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Corn WIFE of Johns Q. Dent.	22. HEREBY CERTIFY That Lattended deceased from
1 1853	19.00 to 33.19
5. DATE OF BIRTH (Month, day, and year)	I last saw h Alive on 4300, 19 9, death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Consul Consulary,
9 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
1D. Date deceased last worked at this occupation (month and year) occupation	
Clearly Cr. Ind	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Celared lines.	
Tolehales Or ned	Name of operation Dato of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME COLIS . Water.	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16, BIRTHPLACE (city or town) Valuarle Q. And	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Olies, Dent, and	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL DATE OF THE STATE OF TH	Manner of Injury
Place Japa My Date W W/ 1, 19.00	Nature of injury
19. UNDERTAKER Stanly Penny	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Masne Tekringer And.	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Locul

(Signed)

(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		(3)	
County Cha	lea	Registration Dist. No. / o	9
Village or City Length of residence In city or town when	. 7	No. St., If death occurred in a horpital or institution, give its NAME instead of street and not seemed. If death occurred in a horpital or institution, give its NAME instead of street and not seemed.	
2. FULL NAME	un Samuel	guer	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 23 (Month) (Day)	, 193 3 . (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	me Coeatry	22. I HEREBY CERTIFY, That I attanded on 1931, to 23	, 19.33
7. AGE Years Months	Days tf LESS than 1 day,hrs ormin.	to heve occurred on the date stated above, at 1: 3ac. m.	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	11. Total time (yeers) spant in this occupation	Chronic Endocardis Clus Vago en ditie Clas Planenas Vaglantio Other Contributory Chases of importance:	
(State or country)	el. green	- Juliana Eden	04.2
13. NAME 14. BIRTHPLACE (city or town) (State or country)	has peo.	Name of oparation Date of What test confirmed diagnosis? Was thera an a	utonsv?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address)	L 3 cott	23. If death was due to axternal causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	: , 19
18. BURIAL, CREMATION, OR REMOVAL Place & Danatus H	Wood Oct W 133	Menner of injury	
19. UNDERTAKER Hund & (Address) Wald 20. FILED Oct W, 1933 &	of hyon of my Illian Posing	24. Wes disease or injury In any way retated to occupation of deceased? If sa, spacify (Signed)	NO

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No. 1

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Example I	D	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYL	AND-CE	RTIFICA	ATE	OF	DEATH

1	13	2 1	pre-	O
1	0	U	J	i

I. PLACE OF DEATH	40	2
County Charles	Registration Dist. No. / C)
Village or City was Sallata his	No. o St.	Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where death occurredyrs,	mosds How long in U.S. if of foreign birth?yrsn	nosds.
2. FULL NAME Fred Miles		
(a) Residence: Np. Saleata. Wal	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL		
male Calored OR DIVORCED (write the word		, 193
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Confusion Marie Will	22. 1 HEREBY CERTIFY, That I attended	deceased from
The state of the s	Jank 1933 10 Oct 30	, 19.33
6. DATE OF BIRTH (month, day, and year)	I last saw h . Last alive on Col 28 , 1933	: death is said
7. AGE Yaars Montha Days If LESS tha		
1 day,	hra. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	weta as totrows.	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Olernia anteri maleronia	192-7
9. Industry or businesa in which		11.00.
work was dona, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at 11. Total time (years)		
o this occupation (month and 1932 spent in this year)		
Classes	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Sulvanalian	Depter
A 0		1933
14. BIRTHPLACE (city vown).		
4 14. BIRTHPLACE (city or town)	Name of operation Data of.	
(State of country)	What test confirmed diagnosis? Was thera an	autopsy?
15. MAIDEN NAME CLARACTE. 16. BIRTHPLACE (city or town).	23. If death was dua to external causes (VIDLENCE) fill in also tha following	ng:
16. BIRTHPLACE(city or town)	Accident, suicide, or homicide? Date of injury	, 19
State or/country)	Where did injury occur?	
17. INFORMANT Deplace Mariel Reles	(Specify city or town, county and St Specify whether injury eccurred in INDUSTRY, in HDME, or in PUBLIC P	
(Address)		
18. BURIAL GREMATION, OR THEMOVAL 10 11/12	Manner of injury	
Placed Virach analy 1/1/33	Nature of injury	
2/211 (P)		-14.
19. UNDERTAKER VELLLY C. Senn	24. Was disease or injury in any way related to occupation of deceased?	
(Address), fartala Mid	If so, specify	
20. FILLOCT 20 133 Felian Cosey	(Signed)	M. C
Registra	(Addresa)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
BURNAU V.B.		6	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	ONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important.

B.—WRITE PL

STATE OF MARYLAND—CERTIFICATE OF DEATH

4	0	0 B	60	13	
- 1	Ħ	1.7	1 1	17	
- 3	V	U	1)	11	

1. PLACE OF DEATH	(157-0)
County Murles	Registration Dist. No. / 0
Village or City & Squals	No. St., Ward
	Il death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME A Proces of June	Al. Posey
	Ch Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Selt 28/1933	I last saw h alive on, 19, 19; death is said
AGE Years Months Days If LESS then	to have occurred on the date stated above, at
) Welks 1 or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Caust of diath
9. Industry or business in which work was done, as SILK MILL.	herisacium in
SAW MILL, BANK, etc	Jallenetune.
10. Date deceased last worked at this occupation (month and year)	This was a "blue baby" which
2, BIRTHPLACE (city or town) 1 12 CALLLY 2016	Other Contributory Causes of importance: died Loom the congental heart
(State or country)	trouble cure of
13. NAME Lorge B. Forsey	
14. BIRTHPLACE (city or town) Charles Cet. (State or country)	Name of operation
15. MAIDEN NAME BODDIE -	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
a second	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Office (State or country)	Where did injury occur?
7. INFORMANT Levice B. Posey (Address) Pis Mile Mile	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Signout Place Rengalagent, Indoore Oct 16, 1933	Manner of Injury
9. UNDERTAKER Slurge, B. Posey (Address) Program, and	24. Was disease or injury In any wey related to occupation of deceased? Local
0. FILED Oct, 15, 19. 33 Surry Swithers.	(Signed) Muy Surlur M.D. (Address) Muslury, M.D.
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIQNAL SP	ACE FOR FURTHER ST.	ATEMENTS BY PH	YSICIAN /
In authorization	Archange do	te 1 birts	e see birthler-
tificate 9/15/33	1	Å	
	V		

te .	STATE OF MARYLAND—	CERTIFICATE O
state UPA.	1. PLACE OF DEATH	93-6
CC	County Charles	
should of	Village or City Cross Roads Mc	No
so L	Length of rasidence in city or town where daath occurred / yrs, mos	death occurred in a hospital or institution,
AN	2. FULL NAME Heury Powers	Same
PHYSICIAN ct statement	(a) Residence: No. Cross Roads Ma	St., Ward.
Exact st	(Usual place of abode)	Vialu.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CER
	1. SEX 1. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
	5a. If marriad, widowed, or divorced HUSBAND of	
	(or) WIFE of Lizzue Javay	22. Sett. 2)
e.	6. DATE OF BIRTH (month, day, and year) Fife, 20, 1879	I last saw h. un alive on de
100	7. AGE Yaars Months Days If LESS than	to have occurred on the date statad ab
certincate	5-4 7 17 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH as ware as follows:
	8. Trade, profassion, or particular kind of work done, as SPINNER, Powder fia atomy attended SAWYER, BOOKKEEPER, atc.	Myreau
-	SAWYER, BOOKKEEPER, atc.	4 capacae
	9-Industry or businass in which work was dona, as SILK MILL, U.S. N. Parder George Congress of the precessed last worked at the precupating (month and the precupating from the precupation from the p	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	
	12. BIRTHPLACE (city or town) Manjemay	Other Contributary Causes of importan
-	(Stata or country) Mary fred	
	13. NAME CLINICAS Savoy 14. BtrTHPLACE (city or town) Mukuom	
	[4. BtrTHPLACE (city or town) William (Stata or country)	Nama of operation
	# 15. MAIDEN NAME Winnie Moore	What test confirmed diagnosis?
	16. BIRTHPLACE (city or town). Unknown	23. if death was due to axtarnal causes Accident, suicide, or homicida?
	16. BIRTHPLACE (city or town). Uukus (Stata or country)	Where did Injury occur?
	17 INFORMANT Morman Serann	Specify whether injury occurred in 1NI
	(Addrass) Cross Rdo, Md.	
	18. BURIAL, CREMATION, OR REMOVAL Place Manyerrory Med Date Oct. 8 1933	Mannar of Injury
	Order & Rome	Nature of Injury
	18 UNDERTAKER (Address) Mason & Bring Md	24. Was disease or injury in any way ra
	A FILED OCK 6 1933 & 2 Thompson	(Signad)
	ZU. FILED . A	N- ()

STATE OF MARYLAND—CERTIFICATE OF DEATH 10061

	Registration Dist. No.
1	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
S	ds. How long in U. S. if of foreign birth? yrs ds.
1	2 Javoy
C	St., Ward.
32	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	(Month) (Day) (Yaar)
	1 HEREBY CERTIFY, That I attended decoased from 27 1933 to Cert. 6 1933
	I last saw h. we alive on Seff. 2) 1933 : daath is said
-	to have occurred on the date stated above, at 10:45 ht. M.
	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance
_	
r.	Mare as follows: Myocas ditio chinic Date of onset 1925
-	i Capdiae asthma
,	
0	
	Other Contributary Causes of importanca:
	Name of operation
-	Nama of operation
	What test confirmed diagnosis? Was there an aulopsy?
Ī	23. if death was due to axtarnal causes (VIOL ENCE) fill in atso tha following:
-	Accident, suicide, or homlolda?
-	Where did Injury occur? (Specify city or town, county and State)
-	Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	Mannar of Injury
	Nature of Injury
-	24. Was disease or injury in any way ralated to occupation of deceasad?
	If so, spacify
1	(Signad)
	(Addrass) Surdian Nead, Md.
	DATE OF Charles Street Maltimore Descrition 671 C \$7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV	July 5, 1927	Peritonitis	3 days ago
BUREAU	a P *		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PHYSICIANS should state	act statement of OCCUPA.	
XACTLY.	classified. Ex	,
be stated E	be properly	of cortificate
AGE should	that it may	ions on hack
ly supplied.	lain terms, so	See instruct
nation should be carefull	CAUSE OF DEATH in p	TION is very important See instructions on back of certificate
	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

County City Call True (If Length of residence in city or town where deeth occurred yrs	Registration Dist. No. 108
Village or City Galland Trees (IF	No. St Ward
(lf	
Length of residence in city or town where deeth occurredyrs,mos	death occurred in a horpitel or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mangallauche fin	ouplace
(a) Residence: No. / Sallant Jule	est, Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS SEX HELECON, COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
SEX JUNE COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	L. DATE OF DEATH LET 7- 193 3
tog. coc. married	(Month) (Day) (Year)
If merried, widowed, or divorced HUSBAND or (or) WIFE of	22. A PHEREBY CERTIFY, That I attended deceased from
Joseph Walus	Sept 2/2,1930,10 Cel 7- 193
DATE OF BIRTH (month day, and year) Sevel 12 - 1896	I last saw helle aliva on Agy 2/- , 19.33; death is said
AGE Years Mouths Deys If LESS than	to heve occurred on the date stated above, at. 8.4m.
37 3 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done as SPINNER	Bulmouary / alrealoses cel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc However	1932
9. Industry or business In which work wes done, es SILK MILL,	U
kind of work dona as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date daceesed lest worked at this occupation month and spant in this	
this occupation (month and year) - 3.2 spant in this occupation	
Gallacel Incers	Other Contributory Causes of Importence:
2. BIRTHPLACE (city or town) / Company (Stete or country)	
13. NAME Sas. O Thompson	
14. BIRTHPLACE (city or town) Company	Neme of operation Date of
(Stata or country) Pr. Leo's Ca will	Whet test confirmed diagnosis?
15. MAIDEN NAME Julia makke	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE COLY OF LOWN) Laftluck Verley	Accident, suicide, or homicide? Date of injury 19
(Stete or country)	Where did injury occur?
INFORMANT Sudice I Transfer	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Buch Xley Use	
B. BURIAL, CREMATION, OR RENOVAL	Manner of injury
Place Macabe Jufata Col. 1-1932	Nature of injury.
9. UNDERTAKER A. P. Granies	24. Was disease or injury in any way releted to occupation of deceased? ZUZ
(Address) Aguages mol	If so, specify
FILED/099/3/2 19 Bea Challelian	(Signett) M. Journ
Registrar.	(Address) Aquared W

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Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebrat hemorrhage	July 5,1927	Peritonitis	(HIVE	3 days ago
			er en sous de servid e period e	
Other contributory causes of importance:	1	Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
N .		•		

BINDIN

RESERVED

ARGIN

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLANI	D-CERTIFICATE OF DEATH 10064
1. PLACE OF DEATH	93-2
County Charles.	Registration Dist. No. 100
Village or City view La Parta M	A No. St., Ward
Length of residence in city or town where death occurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign blrth?yrsmosds,
2. FULL NAME William Edward	Waters
9 0 4 1	1
(a) Residence: Np. Near La (Usual place of abode).	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORDIVORCED (write the wi	October 25 1933
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Tidawer	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h. Lim elive on Oct 27 , 19 33; death is said
7. AGE Years Months Days If LESS	to have occurred on the date stated above, at _3:40 4 m.
70 - 1 day,	no I when a choic of prain and leided causes of importance
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Jarmer	Chronic arlerios elerons
SAWYER, BDOKKEEPER, etc. SAWYER, BDOKKEEPER, etc. Laddustry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc. D. Dato deceased last worked et bis securation (month and this expension (month and spension) in this securation (month and spension).	7
SAW MILL, BANK, etc	Cleronic thy randitis.
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Laud	Dther Coutributory Causes of importance:
(State or country)	Cornery the marie
13. NAME Miknown	
13. NAME MCCacon 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis?
15. MAIDEN NAME UNKNOWN	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Septe decimality)	Where did injury occur?
7. INFDRMANT (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL Place JUCIS WARE Date 304	Manner of Injury
71. 4 9 1 P.	Natere of injury.
19. UNDERTAKER THAT YES TO WARD ME	24. Was disease or injury in any way related to occupation of deceased? 200
20. Filedor Mar. 1933 Killian K. Yorky	(Signed) Aule & Notau M. D. (Address) La Plata ULA
	gistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ETTERLI V.	3 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA:	N

nfor- state IPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
a pred (pred)	1. PLACE OF DEATH	97)
ould OCC	County Charles,	Registration Dist. No. 100
4 2 1	Village or City Sa Plata	No. St Ward
.=	Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrsmosds.
Every CIANS ement	0	
	2. FULL NAME Catherine Blak	ce Urllians
S Z Z	(a) Residence: No. Sa Plata Mel. (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
INC NE CT iffed	5a. If married, widowed, or divorced HUSBAND of	
O A A SS	(Or) WIFE OF P. Vreston Williams	22. I HEREBY CERTIFY. That I attended deceased from 31, 1933, to 19
BINJ PERM EX. Iy cla	6. DATE OF BIRTH (month, day, and year) Way 29 1868	I last saw h alive on 19 ; death is said
R H G G G G G G G G G G G G G G G G G G	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5:30Q.m.
FOR BI IS A PE stated E properly certificate.	75 2 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 00	2 Trade profession or particular	Date of onset
ED HIS	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A rule arrive delatate
KK—T) should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(0:000
RESERVED G INK—THII GE should be that it may be us on back of	3 10. Date deceased last worked at 11. Total time (years)	
RES IG I VGE that	O this occupation (month and spent in this year) occupation	ananos derais.
Z C T O	12. BIRTHPLACE (city or town) Charles Co	Other Contributory Causes of importance:
ADIN ADIN S, so t	(State or country) W.G.	
MARGIN UNFADI supplied. n terms, so ee instruct	# 13. NAME Frank Ilumington	
7 D # 3 0	13. NAME Trails Ilumington 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
· = 00	(State of Country)	What test confirmed diagnosis? Was there en autopsy?
X, Tri	15. MAIDEN NAME Maryones Rebecco Williams 16. BIRTHPLACE (city or town) Prince aco. Co.	23. If death was due to external causes (VIOL ENCE) fill In also the following:
INLY, be careful EATH in primportant.		Accident, suicide, or homicide? Date of Injury, 19
AINLY, d be can DEATH	(State or country)	Where did injury occur? (Specify city or town, county and State)
IAJ Id DE DE	17. INFORMANT To Survey of Address) And Aun Nead My	Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE.
FLA Should OF Di	(Address) Indian Head my-	Managed Internal
F-3 07	Place Il unham churchete hor 2 1933	Manner of injury
-WRITE mation sl CAUSE TION is	1 th - P.	Nature of Injury /
I TESE	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
S. S.	(Pt 31 st 33 from: 11 P	(Signed) James & Nolan M.D.
» z	20. FILED Registrar.	(Address) In Plate had
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. W.	1		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year